

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

FORM B

Name: Chelsa Adair Daytime Telephone: \_\_\_\_\_

2021 APR 28 AM 10:43

**POSTMARK ILLEGIBLE**  
LEGISLATIVE RESOURCE CENTER

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

|              |  |   |   |
|--------------|--|---|---|
| FILER STATUS | <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives | State: <u>Louisiana</u><br>District: <u>2</u>   | <input type="checkbox"/> Check if Amendment |
|              | Candidates - Date of Election: <u>March 20, 2024</u>   |   |   |
|              | <input type="checkbox"/> New Officer or Employee   | Staff Filer Type (If Applicable):<br><input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant | Period Covered: January 1, _____ to _____   |
|              | <input type="checkbox"/> Employing Office: _____   |   |   |

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

|   |   |   |   |
|---|---|---|---|
| A. Did you, your spouse, or your dependent child:<br>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u><br>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?                                       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**  
**THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE**

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

|  |   |
|--|---|
| TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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**Use additional sheets if more space is required.**

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**INCOME LIMITS AND PROHIBITED INCOME:** Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

Name: Alissa Aguirre Page 5 of 6

[illegible]

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

[illegible]

# SCHEDULE F - AGREEMENTS

Name: Chelsea Andia

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date    | Parties to Agreement | Terms of Agreement   |
|---------|----------------------|--|
| 12/2019 | Entropy Services     | Sign on bonus for two years minimum of service or repayment. |
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## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| Source (Name and City/State)                | Brief Description of Duties |
|---|-----------------------------|
| Example: Doe Jones & Smith, Hometown, State | Accounting Services         |
| T. Rowe Price University, RMD               | Retirement 401k account     |
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